STATE OF ARIZONA

ASBESTOS NESHAP NOTIFICATION FORMS RENOVATION AND DEMOLITION ACTIVITIES



Arizona Department of Environmental Quality
Air Quality Compliance Section
Asbestos NESHAP Program
1110 West Washington Street
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NESHAP NOTIFICATION FOR RENOVATION AND DEMOLITION ACTIVITIES COCHISE County, Arizona - Revised January 2010 National Emission Standards for Hazardous Air Pollutants (NESHAP)

| THIS LINE FOR NESHAP REGULATORY AGENCY | | U.S. Post Postmark | al Service Date: | Comme | ercial Delivery Servi y Date: | | other Hand Date: | I Delivery | | ACT | S#: |
|--|---|-----------------------|-------------------------------|----------------------------------|---------------------------------------|---|--|---|--|--|------------|
| 1. TYPE OF NOTIFICATI | ION: () Orig | jinal; (|) Revision 1; (|) Rev | ision 2; () Revi | sion 3; (|) Revision | 4; () Re | vision 5; (|) Can | cel |
| 2a. FACILITY OWNER IN | IFORMATION | | | | | | | | | | |
| Name of Company or In | ndividual: | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City/Community: | | | | | | | | Zip: | | | |
| Contact Person: | | | Telepho | Felephone: | | | Fax: | | | | |
| 2b. ASBESTOS REMOV | AL CONTRACTO | R/OPER | ATOR: | | | | | | | | |
| Address: | | | | | | | | | | | |
| City: | | | | | | | | | Zip: | | |
| Contact Person: | | | | Telepho | Telephone: | | | Fax: | | | |
| 2c. DEMOLITION CONT | RACTOR/OPER/ | ATOR: | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Address: | | | | | <u></u> | | . , | | | | |
| City: | | | | | | | | | Zip: | | |
| Contact Person: | | | | Telepho | ne: | | Fax: | Fax: | | | |
| 3. TYPE OF OPERATIO | N: () Renovat | tion, () | Emergency Rer | novation, | () Demolition, | () Ordered | Demolitio | n, () Annu | ıal Non-schedu | led O | perations |
| 4. PROVIDE DATE OF AHERA (Asbestos Haza | THOROUGH INS ard Emergency F | PECTION Response | OF FACILITY, Act) CERTIFIE | OR AFFE D BUILDI | CTED PART BY A | N | DATE: | | · <u>-</u> - | | |
| 5. FACILITY DESCRIPT | | | | | | ss or installati | on) | | | | |
| Building Name: | | | | | Visible Signage: | | | | | | |
| Street Address: | | | | | Identifying Featu | res: | | | | | |
| City: | | | | Count | ounty: COCHISE State: AZ | | | AZ | Zip: | | |
| City/County Renovation | on Permit#: | | | City/C | ounty Demolition P | ermit#: | | | | | . <u>.</u> |
| Building Size in Floor Area (Sq. Ft.) | | | | Numb | Number of Floors Affected: | | | Age of Facility: | | | |
| If Residential, Number of Dwelling Units: | | | | | Present Use: | | | Prior Use: | | | |
| 6. PROCEDURE, INCLU NONFRIABLE ACM. | JDING ANALYTIC () Polarized I | CAL METH | OD, EMPLOYE | D TO DE | TECT THE PRESE Counting; () A | NCE OF RAC ssumed; (| M AND CA) Other _ | ATEGORY I A | ND CATEGOR | Y II | |
| NVLAP Laboratory Na | | | | | | f Samples | D | ate Analyzed | | | |
| 7. APPROXIMATE AMOUNT OF ASBESTOS, INCLUDING: *NOTE: Update notice when amount of RACM changes at least 20% RACM = Regulated Asbestos-Containing Material as defined in 40 CFR 61, Subpart M, Asbestos NESHAP §61.141 | | | | | | | of Nonfriable ACM be removed | | Amount of Nonfriable ACM not to be removed during demo | | |
| | | | | CATI | | CAT II | | CATI | | CATII | |
| On Facility Components; Pipes (Linear Feet) | | | - | | - *** | | | | - | | |
| On Facility Components, Surface Area (Square Feet) | | | | | | | | | | | |
| Off Facility Components; Volume (Cubic Feet) | | | | | | | | | | | |
| 8. DATES FOR ASBES | TOS REMOVAL | Start Da | ite: | <u> </u> | Completion Date*: | | Days of C | perations: M | T W TH F | SA | SU |
| 9. DATES FOR DEMOL | ITION | Start Date | : | (| Completion Date*: | | Hours of | Operations: | | | |
| Mail/Deliver to: | Copy of Notificat | ion to Ren | ovation/Demolit | ion Permi | tting Agency where | Affected Faci | lity is Loca | ted: | | | |
| Arizona DEQ/AQD Attn: Asbestos Coordinator 1110 W. Washington Phoenix, AZ 85007 602-771-2333 | bestos Attn: Town Clerk Building Dept. ator 500 N. Gonzales Blvd. Attn: Building Cept. Washington Huachuca City, AZ 85007 85616 Benson, AZ 85 | | Official 5602 | Official Attn: Building Official | | ouglas nity Dev. ilding Street , AZ 8560 -7329 | Developr Attn: Buil 300 W R Wilcox, A | Development Svcs. Attn: Building Official 300 W Rex Allen Dr. Wilcox, AZ 85643 Si | | of Sierra Vista nmunity Dev. : Building inistrator 1 N Coronado Dr. ra Vista, AZ 85635 -452-7019 | |

| 0. DESCRIPTION OF PLANNED DEMOLITION/RENOVATION WORK: () Thermal System Insulation () Ceiling Texture/Tiles () Duct/Seam Tape () Regulated Drywall System () Asbestos-Containing Roof Removal () Asbestos Cement Pipe () Asbestos Cement Siding ≥5580 sq ft w/rotating blade cut | | | | | | |
|---|--|---------------------|--|------------------------------|--|--|
| Other, please specify: REMOVAL METHODS: () Hand/Non-Mechanical Tools Other, please specify: | () Mechanical/Power Tools (|) Mastic | Solvents () Blast T | rac™ Machine | | |
| 11. DESCRIPTION OF WORK PRACTICES AND ENGINEERING () Adequately Wet () Full Containment () | Critical Barriers () Negative 6-mil Bags () Mini-cont | e Air Ma ainment | chines, No of units t : | o be used | | |
| 12a. ASBESTOS WASTE TRANSPORTER #1: | | | | | | |
| Company Name: | | | | | | |
| Address: | | | | | | |
| City: | State: | Zip: | | | | |
| Contact Person: | | Fax: | | | | |
| 12b. ASBESTOS WASTE TRANSPORTER #2: | | | | | | |
| Company Name: | | | | | | |
| Address: | | | | | | |
| City: | | State: | Zip: | | | |
| Contact Person: | | Fax: | | | | |
| 13. ASBESTOS WASTE DISPOSAL SITE: | | | | | | |
| Company Name: | | | | | | |
| Address: | | | | | | |
| City: | State: | Zip: | | | | |
| Contact Person: | | Fax: | | | | |
| 14. FOR ORDERED DEMOLITIONS (40 CFR 61, §61.145(A)(3). | ATTACH A COPY OF THE AGENC | Y'S ORI | DERED DEMOLITION LET | ITER | | |
| Name: Title: | | | | | | |
| State or Local Government Agency: | | Authority: | | | | |
| Date of Order (MM/DD/YY): | | | emolition Ordered to Begin (MM/DD/YY): | | | |
| 15. FOR EMERGENCY RENOVATIONS (40 CFR 61, §61.145(a |)(4)(iv)) | | | | | |
| Date and Hour of Emergency (MM/DD/YY - HH:MM): | | | | | | |
| Description of the Sudden, Unexpected Event: | | | | | | |
| Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden: | | | | | | |
| | | | | | | |
| 16. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN NONFRIABLE ACM BECOMES CRUMBLED, PULVERIZED, OF | THE EVENT THAT UNEXPECTED R R REDUCED TO POWDER: | RACM IS | FOUND OR CATEGORY | I or CATEGORY II | | |
| |) Follow 40 CFR 61, §61.145(c) Pro | | | ontractor/Supervisor on-site | | |
| 17. I CERTIFY THAT AT LEAST ONE AHERA CERTIFIED CON DESCRIBED IN THIS NOTIFICATION AND THAT THE TRAININ | NG CERTIFICATE WILL BE POSTE | PERVIS D OR R | EADILY AVAILABLE ON- | REMOVAL OF RACM BITE. | | |
| (Print Name: Owner/Operator) (Title) | | | | | | |
| 18. CERTIFICATION OF INSPECTION BY AN AHERA CERTIF | IED ASBESTOS BUILDING INSPEC | TOR (Al | ıı areas of Arizona): | | | |
| | | | | | | |
| 19. I CERTIFY THAT THE ABOVE INFORMATION IS CORREC | T: Company Name: | | | Rev. Date | | |
| (Print Name: Owner/Operator) (Title |) (Signatu | re of Ov | vner/Operator) | (Date) | | |

Instructions for Completing the NESHAP Notification Form

As per Title 40 Code of Federal Regulations Part 61, Subpart M, Asbestos NESHAP Section 61.145(b)(4), the notification form will not be considered complete without this information. The following information is required to be included on notifications submitted, prior to the start of the renovation and/or demolition activity.

| Line 1 | Indicate Original or Revised Notif | ication | | | | | |
|---------------|--|--|--|--|--|--|--|
| Line 2a | Facility Owner Information: provide name, address, and telephone number | | | | | | |
| Line 2b | Asbestos Removal Contractor/Operator: provide name address, and telephone number | | | | | | |
| Line 2c | Demolition Contractor/Operator: provide name, address, and telephone number | | | | | | |
| Line 3 | Type of Operation: type of planned work | | | | | | |
| Line 5 | and prior | provide size (square feet), number of floors, age, present and prior use, location, street address; and if appropriate, building number or name, floor number, and room number | | | | | |
| Line 6 | Procedure(s), including analytical method(s) employed to detect the presence of Regulated Asbestos Containing Material (RACM), Category I and Category II nonfriable ACM. | | | | | | |
| Line 7 | List amount of Regulated Asbestos Containing Material (RACM) to be removed or generated. | | | | | | |
| | List amounts of Category I and C | ategory II nonfriable ACM that will not be removed before demolition. | | | | | |
| Line 8 | Start and Completion dates for Asbestos Removal/Renovation *NOTE: Start date is defined when asbestos containing material(s) are being removed or disturbed. | | | | | | |
| Line 9 | Start and Completion dates for Demolition *NOTE: Start date of demolition is defined when the wrecking or taking out of any load-bearing structural support member of a facility together with any related handling operations or the intentional burning of a facility begins. | | | | | | |
| Line 10 | Description of Demolition and/or Renovation Work | | | | | | |
| Line 11 | Description of Work Practices/Engineering Controls to be used to prevent asbestos emissions to the outside air. | | | | | | |
| Line 12(a)(b) | Waste Transporter(s): provide | name, address, and telephone number | | | | | |
| Line 13 | | name and location of where generated asbestos containing I will be deposited. | | | | | |
| Line 14 | Ordered Demolitions: | *NOTE: attach copy of the demolition order with the notification | | | | | |
| Line 15 | Emergency Renovations: | *NOTE: provide all information requested on notification form | | | | | |
| Line 16 | Description of procedures to be followed in the event that unexpected RACM is found or Category I or Category II nonfriable ACM becomes crumbled, pulverized, or reduce to powder. | | | | | | |
| Line 17 | Signature verifying that at least one on-site trained representative is present at the facility site where the stripping and removal of regulated asbestos containing material is occurring at all times during that stripping and removal. *NOTE: the on-site trained representative is equivalent to the 40-hour AHERA Contractor/Supervisor training | | | | | | |
| Line 18 | Provide the name and certification of individual(s) that completed the thorough asbestos survey on the affected facility, or if material is assumed to contain asbestos, write "assumed". | | | | | | |

Asbestos Demolition and Renovation Activities NESHAP Notification Process

Purpose of Program

To protect public health from exposure to regulated asbestos-containing material (RACM) during National Emission Standards for Hazardous Air Pollutants (NESHAP) facility renovation and/or demolition activities, asbestos removal, transport and disposal, and closely monitoring those activities for proper notification and asbestos emissions control. Asbestos is a known human carcinogen and is known to cause other respiratory diseases.

What are the requirements?

Prior to the commencement of <u>demolition</u> or a <u>renovation</u> activity of a regulated facility an Asbestos Hazard Emergency Response Act (AHERA) certified building inspector must <u>thoroughly inspect</u> the facility or part of the facility where the demolition or renovation operation will occur for the presence of asbestos, including Category I and Category II non-friable asbestos-containing materials.

Notification Time Frame

An original notification is required to be submitted to the agency 10 working days (counting Monday through Friday) prior to the start of a renovation activity involving the removal or disturbance of threshold amounts of regulated asbestos containing materials. Threshold amounts being:

• 260 linear feet or more on pipes

• 160 square feet or more on other facility components

· 35 cubic feet or more off facility components

A Notification is required to be submitted for all demolition activities, even when no asbestos is present.

Natification Fees

There are no fees associated with the notification process.

What is considered a Renovation Activity?

A <u>renovation</u> means altering a facility or one or more facility components in any way, including the stripping or removal of RACM from a facility component. Operations in which load-supporting structural members are wrecked or taken out are demolitions.

What is considered a Demolition Activity?

A <u>demolition</u> means the wrecking or taking out of any load-supporting structural member of a facility together with any related handling operations or the intentional burning of any facility.

What is considered a regulated facility?

A <u>facility</u> is any institutional, commercial, public, industrial or residential structure, installation, or building (including any structure, installation, or building containing condominiums or individual dwelling units operated as a residential cooperative, but excluding residential building having four or fewer dwelling units); any ship; and any active or inactive waste disposal site. For purposes of this definition, any building, structure, or installation that contains a loft used as a dwelling unit is not considered a residential structure, installation, or building. Any structure, installation or building that was previously subject to this subpart in not excluded, regardless of its current use or function. Including <u>facility components</u>; any part of a facility including equipment.

What Facilities are exempted?

A single residential home or structure containing one to four dwelling units. (unless classified as an <u>installation</u>; meaning any building or structure or any group of buildings or structures at a single demolition or renovation site that are under the control of the same owner or operator or owner or operator under common control).

ADEQ Asbestos NESHAP Program Contact

Arizona Department of Environmental Quality – Air Quality Compliance Section
Asbestos NESHAP Program
1110 W. Washington Street, Phoenix, Arizona 85007
(602) 771-2333 or (602) 771-4553 Fax (602) 771-2299 Toll free: (800)-234-5677 Ext. 771-2333 or 771-4553

www.azdeg.gov/environ/air/asbestos/index.html

Work completed on Arizona Tribal Lands is regulated by EPA Region IX Asbestos NESHAP Program: (415) 972-3989

Statutory Citations

Title 40, Code of Federal Regulations, Part 61, Subpart M, Asbestos NESHAP; Arizona Revised Statutes § 49-421 et. seq. and § 49-471 et. seq.; Arizona Administrative Code R-18-2-1101.